DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

RF

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	09G212	A. BUILDING _____ B. WING _____	R 02/21/2008

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
INNOVATIVE LIFE SOULTIONS, INC	7416 BLAIR ROAD, NW WASHINGTON, DC 20012

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
{W 000}	INITIAL COMMENTS A follow-up survey was conducted on February 20, 2007 through February 21, 2008, to determine the facility's compliance with previous condition-level deficiencies cited on January 10, 2008. Client #2 was kept in the sample and another individual, Client #4, was added. The survey determined that the facility met the federal Conditions of Participation requirements. There were, however, standard-level deficiencies identified, as evidenced in the report that follows. The findings of this survey were based on observations, interviews with direct support and administrative staff, clients and Client #4's sister, as well as the review of records, including incident reports and administrative records.	{W 000}		3/27/08
{W 124}	483.420(a)(2) PROTECTION OF CLIENTS RIGHTS The facility must ensure the rights of all clients. Therefore the facility must inform each client, parent (if the client is a minor), or legal guardian, of the client's medical condition, developmental and behavioral status, attendant risks of treatment, and of the right to refuse treatment. This STANDARD is not met as evidenced by: Based on interview and record review, the facility failed to establish a system to ensure that each client, or his/her authorized surrogate healthcare decision-maker, was informed of the client's medical condition, benefits and risks of medications and of the right to refuse treatment, for one of the two clients in the sample. (Client #4)	{W 124}		

RECEIVED
2008 MAR 27 P 3:23
DEPARTMENT OF HEALTH
REGULATION
ADMINISTRATION

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

Dawn M. Cannings

TITLE: Executive Director

(X6) DATE: 3/27/08

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	09G212	A. BUILDING _____ B. WING _____	R 02/21/2008

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
INNOVATIVE LIFE SOULTIONS, INC	7416 BLAIR ROAD, NW WASHINGTON, DC 20012

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
{W 124}	Continued From page 1 The finding includes: On February 20, 2008, beginning at 8:59 AM, review of Client #4's Individual Support Plan (ISP), dated April 13, 2007, revealed the following: the client functioned in the severe range of mental retardation cognitively and his adaptive skills tested in the profound range. His sister was the designated surrogate healthcare decision-maker due to his impaired ability to process information effectively. His medication regimen included Lithium Carbonate 300 mg twice a day, Trazodone 100 mg every evening, Paroxetine 20 mg and Zyprexa 5 mg every evening, among other medications and he received one-on-one staff support as part of his behavior management plan. Included in the ISP was a team recommendation to "maintain contact with the sister... she is available to provide pertinent information regarding his welfare..." Further review of the ISP revealed no evidence that the sister had been involved in the planning and/or review process (i.e. she had not attended meetings, there were no documented telephone calls or written communications, etc.). Client #4's records did not show evidence that his sister had received an explanation of his health condition(s) and/or given written consent for his treatment plan, including psychotropic medications. At approximately 1:27 PM, interview with the Qualified Mental Retardation Professional (QMRP) revealed that he had not reviewed Client #4's health, developmental and/or behavioral status with the sister, either in person or over the telephone, since he was appointed QMRP in January 2008. He was unaware of what actions	{W 124}	W124 ILS WILL ENSURE THAT CLIEN #4 SISTER IS INFORM IN WRITTEN ON THE UPCOMMING ISP MEETING. THE NURSE WILL REVIEW THE SIDE EFFECTS AND BENEFIT OF ALL CLIENT'S PSYCHOTROPIC MEDICATIONS WITH THE SISTER AND WILL HAVE HER SIGN INFORM CONSENT. ILS WILL CONTINUE TO ENSURE THAT INDIVIDUAL'S FAMILY ARE INFORM OF ALL INCIDENTS AND CHANGES IN MEDICATIONS	3/27/08

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	09G212	A. BUILDING _____ B. WING _____	R 02/21/2008

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
INNOVATIVE LIFE SOULTIONS, INC	7416 BLAIR ROAD, NW WASHINGTON, DC 20012

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
{W 124}	Continued From page 2 might have been taken by previous QMRPs. He did, however, acknowledge that there was no such review documented in the client's record. The sister's most recent documented visit to the facility was June 11, 2006. On February 20, 2008, Client #4's sister was interviewed by telephone, beginning at 1:37 PM. She verified that she had not attended ISP planning and development meetings. She confirmed that she was the designated healthcare decision-maker. Further interview revealed that the sole time that she had been contacted by the facility in recent months was when her brother had fluid in the lungs and she had given consent for diagnostic procedures. No one from the facility had reviewed the client's health, developmental and/or behavioral status with her. When asked if she was interested in knowing about her brother's medication regimen, she replied yes, and she would share the information with their siblings (who "all live out of town"). She also stated that she would expect to be informed if there were an incident for which her brother required emergency medical services. To her knowledge, Client #4 had not been to an emergency room since he was admitted to this facility in March 2006. It should be noted that Client #4 was taken to an emergency room on January 21, 2008 after having been bitten by a housemate on the previous day. The bite broke the skin; therefore, the client received a tetanus booster and was prescribed a 5-day antibiotic treatment. It should be further noted that during the Exit conference on February 21, 2008, beginning at 6:00 PM, it was stated that the facility had relied	{W 124}	3/27/08 W124 CONTINUES ILS WILL ENSURE THAT CLIENT #4 SISTER IS INFORM OF ALL INCIDENTS FOR WHICH HER BROTHER REQUIRED MEDICAL SERVICES. ILS WILL CONTINUE TO ENSURE THAT ALL INDIVIDUALS FAMILY MEMBERS ARE KEPT INFORM ON ALL MEDICAL RELATED INCIDENTS, ISP MEETINGS AND CHANGES IN MEDICATIONS.	

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	09G212	A. BUILDING _____ B. WING _____	R 02/21/2008

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
INNOVATIVE LIFE SOULTIONS, INC	7416 BLAIR ROAD, NW WASHINGTON, DC 20012

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
{W 124}	Continued From page 3 on the clients' government case worker to communicate directly with the individuals' designated surrogate healthcare decision-makers (i.e. Client #2's mother, Client #4's sister, etc.). However, on February 20, 2008, at 2:22 PM, review of the April 2004 "Rights of Individuals" policy had revealed the following: a facility "designeee will facilitate services relating to medical conditions and treatment being explained to the individual and/or his/her designee... this includes risks and benefits of medications and/or procedural interventions." ********** Previously, the January 10, 2008 findings included the following: Client #2 was observed during the evening medication pass on January 7, 2008, at approximately 4:09 PM being administered Chlorpromazine 150 mg by mouth. Interview with the Licensed Practical Nurse (LPN) on January 7, 2008 at approximately 4:15 PM revealed that Client #2 was prescribed the medication for behavior management. Review of the physician's order sheet (POS) dated December 1, 2007 on January 9, 2008 at approximately 11:15 AM revealed that Client #2 has diagnoses of Intermittent Explosive Disorder and Schizophrenia; Chronic Undifferentiated Type and was prescribed Chlorpromazine 150 mg by mouth twice a day and Lithium 150 mg every day for seven days. Lisinopril 5 mg. by mouth every day for behavior management. Interview with the Program Manager on January 8, 2008 at approximately 3:00 PM revealed that Client #2's mother was very involved in his life but is not the	{W 124}	ILS WILL ENSURE THAT CLIENT #4 SISTER IS INFORM ON ALL MEDICAL RELATED INCIDENTS.	3/27/08

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	09G212	A. BUILDING _____ B. WING _____	R 02/21/2008

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
INNOVATIVE LIFE SOULTIONS, INC	7416 BLAIR ROAD, NW WASHINGTON, DC 20012

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
{W 124}	Continued From page 4 client's legal guardian. Review of Client #2's, psychological assessment dated March 19, 2007 on January 9, 2008 at approximately 11:18 AM revealed that the client does not have the ability to make decisions on his behalf regarding habilitation planning, residential placement, finances, treatment and medical matters. There was no documented evidence that the facility informed Client #2's mother of the health benefits and risks of treatment associated with the use of his psychotropic medications. Additionally, the facility failed to provide evidence that substituted consent had been obtained from a legally recognized individual or entity.	{W 124}		3/27/08
W 148	483.420(c)(6) COMMUNICATION WITH CLIENTS, PARENTS & The facility must notify promptly the client's parents or guardian of any significant incidents, or changes in the client's condition including, but not limited to, serious illness, accident, death, abuse, or unauthorized absence. This STANDARD is not met as evidenced by: Based on interviews and record verification, the facility failed to notify clients' surrogate healthcare decision-makers of significant incidents involving injuries, for one of the two clients in the sample. (Client #4) The finding includes: On February 20, 2008, beginning at 8:59 AM, review of Client #4's Individual Support Plan (ISP), dated April 13, 2007, revealed the following: the client functioned in the severe range of mental retardation cognitively and his adaptive skills tested in the profound range. His	W 148	CLIENTS #2 MOTHER IS NOW THE SURROGATE DECISION MAKER FOR HER SON. CASE CONFERRENCE WAS HELD ON3/13/08 WITH CLIENTS #2'S MOTHER TO DISCUSS THE RISK AND BENEFIT OF CLIENT #2 PSYCHOTROPIC MEDICATION AND INFORM CONSENT WAS SIGNED. ILS WILL CONTINUE TO ENSURE THAT FAMILY MEMBERS ARE INFORM OF CHANGES IN PSYCHOTROPIC MEDICATION. W148 ILS WILL ENSURE THAT CLIENT #4'S SISTER IS INFORM ON ALL MEDICAL RELATED INCIDENTS.	3/27/08

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	09G212	A. BUILDING _____ B. WING _____	R 02/21/2008

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
INNOVATIVE LIFE SOULTIONS, INC	7416 BLAIR ROAD, NW WASHINGTON, DC 20012

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
W 148	Continued From page 5 sister was the designated surrogate healthcare decision-maker due to his impaired ability to process information effectively. At approximately 11:47 AM, review of Client #4's January 2008 physician's orders (POs) revealed that on January 21, 2008, he was sent to an emergency room (ER) "for evaluation secondary to human bite... need tetanus" shot. The client subsequently received the tetanus shot and began a 5-day antibiotic treatment, Biaxin 500 mg twice daily. At approximately 12:05 PM, review of the corresponding incident report revealed no indication that the client's sister had been notified. At approximately 1:27 PM, interview with the recently-assigned Qualified Mental Retardation Professional (QMRP) revealed that he had left a telephone message for the sister after the January 20, 2008 bite incident and subsequent emergency room visit. Upon examination of the incident report, however, the QMRP acknowledged that the alleged telephone call had not been documented on the incident report. When asked if the call had been documented elsewhere, he replied no. He said that he would (only) document the call/notification in the designated space on the incident report. On February 20, 2008, Client #4's sister (and surrogate healthcare decision-maker) was interviewed by telephone, beginning at 1:37 PM. To her knowledge, Client #4 had not been to an emergency room since he was admitted to this facility in March 2006. She stated that, as a general practice, she would expect to be informed if there were an incident for which her brother required emergency medical services.	W 148	ILS WILL ENSURE THAT CLIENT #4'S SISTER IS NOTIFIEED ON ALL MEDICAL RELATED INCIDENTS. ILS WILL CONTINUE TO ENSURE THAT INDIVIDUALS FAMILY ARE INFORMED OF ALL MEDICAL RELATED INCIDENTS AND CHANGES IN PSYCHOTROPIC MEDICATION.	3/27/08

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	09G212	A. BUILDING _____ B. WING _____	R 02/21/2008

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
INNOVATIVE LIFE SOULTIONS, INC	7416 BLAIR ROAD, NW WASHINGTON, DC 20012

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
W 148	Continued From page 6 At 2:47 PM, review of the April 2004 "Incident Management" policy revealed the following: "All incidents will be handled appropriately and promptly, to include... timely and accurate notification of appropriate staff, families, guardians..." There was no evidence, however, that Client #4's sister received timely notification of the bite incident and subsequent treatment that he received.	W 148		
{W 192}	483.430(e)(2) STAFF TRAINING PROGRAM For employees who work with clients, training must focus on skills and competencies directed toward clients' health needs. This STANDARD is not met as evidenced by: Based on observation, staff interview and record review, the facility failed to effectively train staff to assess clients' need for first-aid and for medical personnel for one of two clients in the sample. (Clients #4) The finding includes: On January 20, 2008 Client #4 was bitten by a housemate. Review of the corresponding investigation report, dated January 20, 2008, revealed one paragraph of findings, as follows: "On January 20, 2008, <Client #4's name> attempted to give his housemate <other client's initials> a handshake... grabbed his hand and began to bite <Client #4's name>... was assisted by his one to one and was able to separate <other client's initials> and <Client #4>... was referred to LPN for treatment of human bite. <Client #4> was referred to <ER> for examination and treatment."	{W 192}	W192 ILS HAS TRAINED IT'S STAFF TO ASSESSS CLIENTS NEEDS FOR FIRST AID. ILS WILL CONTINUE TO PROVIDE ONGOING TRAINING TO IT'S STAFF ON ASSESSING CLIENTS NEED FOR FIRST AID.	3/27/08

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	09G212	A. BUILDING _____ B. WING _____	R 02/21/2008

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
INNOVATIVE LIFE SOULTIONS, INC	7416 BLAIR ROAD, NW WASHINGTON, DC 20012

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
{W 192}	Continued From page 7 a. Further review of the investigation report revealed that it did not identify the failure to provide immediate and timely first aid treatment to the bite wound. According to the incident report and Client #4's one-on-one staff notes, the bite occurred sometime between 12:30 PM - 12:45 PM. According to a nurse progress note dated January 20, 2008, she was informed of the bite upon her arrival at the facility at 6:00 PM, more than 3 hours after the incident. She examined the wound and provided first aid. There was no documented evidence anywhere else in the client's record to indicate more timely first aid treatment was given, and there was no evidence that the governing body had identified this deficient practice. It should be noted, however, that Client #4's nurse notes indicated that the bite wound healed quickly without complications or signs of infection. b. The investigation report did not document the times that most of the significant events happened. As already noted, the 3-hour lapse in time between the actual bite and the provision of first aid treatment was not reflected. The investigation report also failed to reflect that Client #4's primary care physician (PCP) was only notified of the bite 24 hours after the incident, at which time the PCP ordered the client to the ER for further evaluation. It should be noted that the investigation report was mis-dated. The report referred to Client #4's ER examination and treatment. He went to the ER on the next day, January 21, 2008, yet the report was dated January 20, 2008. In addition, the investigation report failed to	{W 192}	ILS WILL PROVIDE FURTHER TRAINING TO THE INCIDENT MANAGEMENT CORDINATOR ON ENSURING THAT THE INVETIGATION REPORT REFLECTS SIGNIFICANT EVENTS THAT OCCURRED DURING AN INCIDENT. ILS WILL CONTINUE TO ENSURE THAT INVESTIGATION REPORTS ARE DEFINED, ACCURATE AND INCLUDES SIGNIFICANT EVENTS THAT OCCURRED DURING AN INVESTIGATION.	3/27/08

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	09G212	A. BUILDING _____ B. WING _____	R 02/21/2008

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
INNOVATIVE LIFE SOULTIONS, INC	7416 BLAIR ROAD, NW WASHINGTON, DC 20012

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
{W 192}	Continued From page 8 identify the sources of information used for the facility's internal investigation. Previously, the January 10, 2008 findings included the following: 1. The Program Manager/acting Qualified Mental Retardation Professional (QMRP) failed to ensure that all staff had been effectively trained to implement emergency measures for four of four clients in the facility as evidenced by: Interview with the House Manager and QMRP on January 9, 2008 at approximately 1:15 PM revealed that all staff was not trained in CPR. Record review on January 9, 2008 at approximately 1:30 PM revealed that six (6) out of twelve direct care staff did not have current CPR certifications. Further review of the records revealed that two consultants (Registered Nurse and Licensed Practical Nurse) were without current CPR certification. There was no documented evidence that all direct care staff including consultants had CPR training and current CPR certifications. 2. The QMRP failed to ensure that all staff had been effectively trained to implement emergency measures for four of four clients in the facility as evidenced by: Interview with the House Manager on January 10, 2008 at approximately 8:47 AM revealed that all staff was not trained in First Aid. Record review on January 10, 2008 at approximately 9:00 AM revealed that six (6) out of twelve direct care staff did not have current First Aid certifications.	{W 192}	ILS HAS TRAINED ITS STAFF ON CPR. ILS HAS PUT A SYSTEM IN PLACE TO ENSURE THAT CPR TRAINING ARE PROVIDED TO ALL EMPLOYEES. ILS HAS TRAINED IT S STAFF ON FIRST AID. ILS HAS A SYSTEM IN PLACE TO ENSURE THAT FIRST AID TRAINING ARE PROVIDED TO ALL STAFF.	3/27/08 3/27/08

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	09G212	A. BUILDING _____ B. WING _____	R 02/21/2008

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
INNOVATIVE LIFE SOULTIONS, INC	7416 BLAIR ROAD, NW WASHINGTON, DC 20012

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
{W 192}	Continued From page 9 Further review of the records revealed that one consultant (Registered Nurse) was without current First Aid certification. There was no documented evidence that all direct care staff including consultants had First Aid training and current First Aid certifications.	{W 192}		
{W 331}	483.460(c) NURSING SERVICES The facility must provide clients with nursing services in accordance with their needs. This STANDARD is not met as evidenced by: Based on interview and record review, the facility failed to ensure nursing services in accordance with the needs of one of the four clients residing in the facility. (Client #4) The finding includes: Cross-refer to W362. Nursing staff failed to ensure that Client #4's medication regimen was reviewed at least quarterly. The client's records had been out of the facility, and were therefore unavailable for review when the pharmacist came to the facility on November 29, 2007. The other three individuals' medication regimens had been reviewed on November 29, 2007. According to the LPN Coordinator, the failure to have Client #4's medication regimen reviewed since that date had not been identified prior to this survey.	{W 331}	W361 THE PHARMACIST HAS REVIEWED CLIENT'S #4 MEDICATION REGIMEN. ILS WILL CONTINUE TO ENSURE THAT ALL INDIVIDUALS MEDICATION REGIMEN ARE REVIEW ON A QUARTERLY BASIS BY THE PHAMACIST.	3/27/08
W 362	483.460(j)(1) DRUG REGIMEN REVIEW A pharmacist with input from the interdisciplinary team must review the drug regimen of each client at least quarterly. This STANDARD is not met as evidenced by:	W 362		

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	09G212	A. BUILDING _____ B. WING _____	R 02/21/2008

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
INNOVATIVE LIFE SOULTIONS, INC	7416 BLAIR ROAD, NW WASHINGTON, DC 20012

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
W 362	Continued From page 10 Based on interview and record review, the facility failed to ensure that the pharmacist reviewed drug regimens quarterly, for one of the four clients residing in the facility. (Client #4) The finding includes: On February 20, 2008, at 9:29 AM, review of Client #4's medical records revealed a Pharmacy Review form. According to the form, the pharmacist reviewed his drug regimen on February 21, 2007, May 16, 2007 and August 21, 2007. The next review would have been scheduled for November 2007; however, no review had been documented. On February 21, 2008, at 4:25 PM, the LPN Coordinator was asked about Client #4's pharmacy reviews. She looked in the medical chart, confirmed that there was no evidence of a pharmacy review since August 2007. Review of the other three clients' charts revealed that the pharmacist had reviewed their regimens on November 29, 2007. The LPN Coordinator indicated that she was previously unaware that Client #4's regimen had not been reviewed along with the others'. After she was asked if the client's chart might have been unavailable for review on November 29, 2007, maybe due to a medical appointment, she looked at the chart and verified that yes, Client #4 went on an ophthalmology appointment that day. She guessed that the chart was out of the facility at the time the pharamcist was conducting his review. She acknowledged that neither she nor other nursing staff had sought to have Client #4's medication regimen reviewed by the pharmacist since last November.	W 362	W362 THE PHARMACIST HAS REVIEWED CLIENT'S #4 MEDICATION REGIMEN. ILS WILL CONTINUE TO ENSURE THAT ALL INDIVIDUALS MEDICATION REGIMEN ARE REVIEW ON A QUARTERLY BASIS BY THE PHAMACIST.	3/27/08

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	09G212	A. BUILDING _____ B. WING _____	R 02/21/2008

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
INNOVATIVE LIFE SOULTIONS, INC	7416 BLAIR ROAD, NW WASHINGTON, DC 20012

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
W 362	Continued From page 11 At the time of the survey, the facility failed to establish a system that ensures clients' drug regimens received quarterly review by the pharmacist.	W 362		3/27/08

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	09G212	A. BUILDING _____ B. WING _____	R 02/21/2008

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
INNOVATIVE LIFE SOULTIONS, INC	7416 BLAIR ROAD, NW WASHINGTON, DC 20012

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
{I 000}	INITIAL COMMENTS A follow-up licensure survey was conducted on February 20, 2007 through February 21, 2008, to determine the facility's compliance with previous deficiencies cited on January 10, 2008. Resident #2 was kept in the sample and Resident #4 was added. The survey identified standard-level deficiencies, as evidenced in the report that follows. The findings of this survey were based on observations, interviews with direct support and administrative staff, residents and Resident #4's sister, as well as the review of records, including incident reports and administrative records.	{I 000}		
{I 206}	3509.6 PERSONNEL POLICIES Each employee, prior to employment and annually thereafter, shall provide a physician ' s certification that a health inventory has been performed and that the employee ' s health status would allow him or her to perform the required duties. This Statute is not met as evidenced by: Based on interview and record review, the GHMRP failed to ensure that all staff had current physician certifications/ health inventories to reflect his/her health status. The findings include: On February 20, 2008, beginning at 3:42 PM, personnel records were reviewed for evidence that the staff identified without evidence of health certificates during the January 10, 2008 survey	{I 206}	1206 THE STAFF IDENTIFIED NOW HAVE THERE HEALTH CERTIFICATES ON FILE.	3/27/08

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	09G212	A. BUILDING _____ B. WING _____	R 02/21/2008

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
INNOVATIVE LIFE SOULTIONS, INC	7416 BLAIR ROAD, NW WASHINGTON, DC 20012

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
{I 206}	Continued From page 1 had acquired the needed health inventories. During the review, the QMRP and House Manager pointed to the names of 3 direct support staff who were listed on the current weekly staff schedule, but who were "taken off the schedule" until they obtained current health inventories. The QMRP and House Manager further indicated that the 3 staff had received advance, written notifications that their health certificates were set to expire within a short time frame. The staff had been instructed to obtain updated health inventories before they expired, thereby allowing for them to continue working with the residents. The next day, on February 21, 2008, at 4:00 PM, the QMRP presented copies of the letters that had been given to the 3 staff in question. Beginning at 2:31 PM, a review of those 3 letters, followed by a comparison with entries made by facility staff in their daily Communication Log book revealed that each of the 3 employees had been allowed to continue working after their health certificates had expired (and before they had obtained new ones), as follows: 1. One staff (S4) had received a letter dated February 4, 2008, indicating that his health certificate would expire on February 7, 2008. The letter stated: "You are required to submit a new health certificate prior to the existing expiration date. Failure to do so will result in removal from the staffing schedule until a new one is received." When interviewed earlier that day (February 21, 2008), the House Manager stated that S4 had previously been off schedule. He reported for work that morning with a new certificate, dated February 17, 2008, on which the physician had certified that he was fit for duty. However, review of the Communication Log book	{I 206}	ILS HAS ESTABLISHED AND IMPLEMENTED A SYSTEM TO EFFECTIVELY MANAGE STAFF HEALTH CERTIFICATES TO ENSURE RESIDENT HEALTH AND SAFETY. ILS WILL CONTINUE TO ENSURE THAT ALL HEALTH CERTIFICATES ARE UPDATED IN A TIMELY MANNER.	3/27/08

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	09G212	A. BUILDING _____ B. WING _____	R 02/21/2008

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
INNOVATIVE LIFE SOULTIONS, INC	7416 BLAIR ROAD, NW WASHINGTON, DC 20012

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
{I 206}	Continued From page 2 revealed documentation showing that S4 had worked in the facility without a current health certificate on the following dates: February 11, 2008 (a double shift); February 12, 2008; February 13, 2008 (a double shift); and February 14, 2008 (a double shift). 2. Another staff (S8) had received an identical letter, dated February 4, 2008, indicating that his health certificate would expire on February 15, 2008. Review of the Communication Log book, however, revealed documentation showing that S8 had worked in the facility without a current health certificate on the following dates: February 16, 2008; February 17, 2008; and February 18, 2008. 3. Similarly, the third (S14) staff person's letter, also dated February 4, 2008, indicated that his health certificate would expire on February 13, 2008. The QMRP and House Manager presented S14's health certificate, signed and dated by a physician on February 21, 2008 (just that morning). Review of his health certificate revealed that he had received a positive reading on a PPD test administered February 8, 2008. Eleven days later, on February 19, 2008, he returned for a chest x-ray (results were negative). However, review of the Communication Log book revealed documentation showing that S14 had worked in the facility with a positive PPD reading, and prior to the chest x-ray, on the following dates: February 9, 2008; February 10, 2008; February 12, 2008; February 14, 2008;	{I 206}		3/27/08

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	09G212	A. BUILDING _____ B. WING _____	R 02/21/2008

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
INNOVATIVE LIFE SOULTIONS, INC	7416 BLAIR ROAD, NW WASHINGTON, DC 20012

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
{I 206}	Continued From page 3 February 15, 2008; February 16, 2008; February 17, 2008; and February 18, 2008. The Program Manager was in the facility at the time of this discussion and review. At approximately 4:15 PM, the Program Manager stated that she had just confirmed that S14 had worked on the dates that are listed above. There was no evidence that the facility had established and implemented a system to effectively manage staff health certificates, to ensure resident health and safety. This is a repeat deficiency. ********** Previously, the January 10, 2008 survey findings included the following: Review of the personnel files conducted on January 9, 2008 at approximately 1:15 PM revealed the GHMRP failed to provide evidence of current current health certificates for five of twelve staffs. (S #7, #9, #12, #14, and #15). Based on interview and record review, the GHMRP failed to ensure that all staff had current health certificates on file. The findings include: 1. Review of the personnel files conducted on January 9, 2008 at approximately 1:15 PM revealed the GHMRP failed to provide evidence of current current health certificates for five of	{I 206}	ILS HAS ESTABLISHED AND IMPLEMENTED A SYSTEM TO EFFECTIVELY MANAGE STAFF HEALTH CERTIFICATES TO ENSURE RESIDENT HEALTH AND SAFETY. ILS WILL CONTINUE TO ENSURE THAT ALL HEALTH CERTIFICATES ARE UPDATED IN A TIMELY MANNER.	3/27/08

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	09G212	A. BUILDING _____ B. WING _____	R 02/21/2008

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
INNOVATIVE LIFE SOULTIONS, INC	7416 BLAIR ROAD, NW WASHINGTON, DC 20012

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
{I 206}	Continued From page 4 twelve staffs. (S #7, #9, #12, #14, and #15). 2. Review of the personnel files conducted on January 10, 2008 at approximately 8:47 AM revealed the GHMRP failed to provide evidence of current current health certificates for one consultant. (C #3)	{I 206}		
{I 500}	3523.1 RESIDENT'S RIGHTS Each GHMRP residence director shall ensure that the rights of residents are observed and protected in accordance with D.C. Law 2-137, this chapter, and other applicable District and federal laws. This Statute is not met as evidenced by: Based on interview and record review, the facility failed to establish a system to ensure that each resident, or his/her authorized surrogate healthcare decision-maker, was informed of the resident's medical condition, benefits and risks of medications and of the right to refuse treatment, for one of the two residents in the sample. (Resident #4) The finding includes: On February 20, 2008, beginning at 8:59 AM, review of Resident #4's Individual Support Plan (ISP), dated April 13, 2007, revealed the following: the resident functioned in the severe range of mental retardation cognitively and his adaptive skills tested in the profound range. His sister was the designated surrogate healthcare decision-maker due to his impaired ability to process information effectively. His medication regimen included Lithium Carbonate 300 mg twice a day, Trazodone 100 mg every evening,	{I 500}	1500 REFER TO W124	3/27/08

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	09G212	A. BUILDING _____ B. WING _____	R 02/21/2008

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
INNOVATIVE LIFE SOULTIONS, INC	7416 BLAIR ROAD, NW WASHINGTON, DC 20012

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
{I 500}	Continued From page 5 Paroxetine 20 mg and Zyprexa 5 mg every evening, among other medications and he received one-on-one staff support as part of his behavior management plan. Included in the ISP was a team recommendation to "maintain contact with the sister... she is available to provide pertinent information regarding his welfare..." Further review of the ISP revealed no evidence that the sister had been involved in the planning and/or review process (i.e. she had not attended meetings, there were no documented telephone calls or written communications, etc.). Resident #4's records did not show evidence that his sister had received an explanation of his health condition(s) and/or given written consent for his treatment plan, including psychotropic medications. At approximately 1:27 PM, interview with the Qualified Mental Retardation Professional (QMRP) revealed that he had not reviewed Resident #4's health, developmental and/or behavioral status with the sister, either in person or over the telephone, since he was appointed QMRP in January 2008. He was unaware of what actions might have been taken by previous QMRPs. He did, however, acknowledge that there was no such review documented in the resident's record. The sister's most recent documented visit to the facility was June 11, 2006. On February 20, 2008, Resident #4's sister was interviewed by telephone, beginning at 1:37 PM. She verified that she had not attended ISP planning and development meetings. She confirmed that she was the designated healthcare decision-maker. Further interview revealed that the sole time that she had been	{I 500}	SEE W124, PAGE2 (PARAGRAPH 2)	3/27/08

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	09G212	A. BUILDING _____ B. WING _____	R 02/21/2008

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
INNOVATIVE LIFE SOULTIONS, INC	7416 BLAIR ROAD, NW WASHINGTON, DC 20012

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
{I 500}	Continued From page 6	{I 500}		3/27/08

contacted by the facility in recent months was when her brother had fluid in the lungs and she had given consent for diagnostic procedures. No one from the facility had reviewed the resident's health, developmental and/or behavioral status with her. When asked if she was interested in knowing about her brother's medication regimen, she replied yes, and she would share the information with their siblings (who "all live out of town"). She also stated that she would expect to be informed if there were an incident for which her brother required emergency medical services. To her knowledge, Resident #4 had not been to an emergency room since he was admitted to this facility in March 2006.

It should be noted that Resident #4 was taken to an emergency room on January 21, 2008 after having been bitten by a housemate on the previous day. The bite broke the skin; therefore, the resident received a tetanus booster and was prescribed a 5-day antibiotic treatment.

It should be further noted that during the Exit conference on February 21, 2008, beginning at 6:00 PM, it was stated that the facility had relied on the residents' government case worker to communicate directly with the individuals' designated surrogate healthcare decision-makers (i.e. Resident #2's mother, Resident #4's sister, etc.). However, on February 20, 2008, at 2:22 PM, review of the April 2004 "Rights of Individuals" policy had revealed the following: a facility "designeee will facilitate services relating to medical conditions and treatment being explained to the individual and/or his/her designee... this includes risks and benefits of medications and/or procedural interventions."

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	09G212	A. BUILDING _____ B. WING _____	R 02/21/2008

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
INNOVATIVE LIFE SOULTIONS, INC	7416 BLAIR ROAD, NW WASHINGTON, DC 20012

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
{I 500}	Continued From page 7 ********** Previously, the January 10, 2008 findings included the following: Resident #2 was observed during the evening medication pass on January 7, 2008, at approximately 4:09 PM being administered Chlorpromazine 150 mg by mouth. Interview with the Licensed Practical Nurse (LPN) on January 7, 2008 at approximately 4:15 PM revealed that Resident #2 was prescribed the medication for behavior management. Review of the physician's order sheet (POS) dated December 1, 2007 on January 9, 2008 at approximately 11:15 AM revealed that Resident #2 had diagnoses of Intermittent Explosive Disorder and Schizophrenia; Chronic Undifferentiated Type and was prescribed Chlorpromazine 150 mg by mouth twice a day and Lithium 150 mg every day for seven days. Lisinopril 5 mg. by mouth every day for behavior management. Interview with the Program Manager on January 8, 2008 at approximately 3:00 PM revealed that Resident #2's mother was very involved in his life but is not the resident's legal guardian. Review of Resident #2's psychological assessment dated March 19, 2007 on January 9, 2008 at approximately 11:18 AM revealed that the resident did not have the ability to make decisions on his behalf regarding habilitation planning, residential placement, finances, treatment and medical matters. There was no documented evidence that the facility informed Resident #2's mother of the health benefits and risks of treatment associated with the use of his psychotropic medications. Additionally, the facility failed to provide evidence that substituted consent had been obtained from a legally recognized individual or entity.	{I 500}	3/27/08 CLIENTS #2 MOTHER IS NOW THE SURROGATE DECISION MAKER FOR HER SON. CASE CONFERRENCE WAS HELD ON3/13/08 WITH CLIENTS #2'S MOTHER TO DISCUSS THE RISK AND BENEFIT OF CLIENT #2 PSYCHOTROPIC MEDICATION AND INFORM CONSENT WAS SIGNED. ILS WILL CONTINUE TO ENSURE THAT FAMILY MEMBERS ARE INFORM OF CHANGES IN PSYCHOTROPIC MEDICATION.	